

Washington State Trauma Registry Inclusion Criteria

Data must be reported to the Washington Trauma Registry (WTR) for all patients with a discharge ICD9-CM diagnosis code of 800-904, or 910-959, or 994.1 (drowning), 994.7 (asphyxiation), or 994.8 (electrocution) **AND any one or more of the following:**

- All patients (any diagnosis) for whom the Trauma Resuscitation Team was activated; or
- All trauma patients who were dead on arrival at your facility; or
- All trauma patients who died in your facility; or
- All trauma patients transferred out to another facility by EMS/ambulance; or
- All trauma patients transferred in from another facility by EMS/ambulance; or
- All pediatric (age 0-14) trauma patients admitted to your facility; or
- All adult (age 15+) trauma patients admitted to your facility with length-of-stay more than 2 days (48 hours)

Note that the diagnosis codes above include all subcodes (for example, “806” includes “806.00 – 806.99”).

While **isolated hip fractures/femoral neck fractures** (ICD9-CM 820 with no other significant injuries noted) in elderly patients are included in the Registry requirements (WAC 246-976-420), *DOH is not requiring reporting of these injuries at this time. This applies to patients 65 years and older.*

Patients with diagnoses of **foreign bodies** (ICD9-CM 930-939) are required to be included in the registry **only if** there is a resulting injury. In these cases, the resulting injury should be coded in addition to the foreign body.

Transfers: Patients sent from one hospital to another hospital via private vehicle (non-ambulance) are not considered transfers for the purpose of inclusion. It is expected that patients with serious injuries will be transferred via ambulance, and that private vehicles are used only for patients with minor injuries.

Admitted to your facility: Patients moved from the emergency department to any bed in the hospital are considered admitted to the facility.

Readmissions: The Trauma Registry does not require readmission records for the same injury. Only the initial episode of care (first admission) is required. Exception: If a patient is discharged home from the emergency department and is subsequently admitted for a missed diagnosis of the same injury, both records should be included.

Trauma services may include additional patients that do not meet the state inclusion criteria. However, hospital comparative reports, regional quality improvement reports, and other state-prepared reports will only reflect records that meet the state criteria. This helps assure comparability across facilities and regions.

Attached is a detailed list of the discharge diagnosis codes for registry inclusion. Please refer to ICD9-CM documentation for all sub-object detail.

Required ICD9-CM Injury Diagnoses

800	Fx of vault of skull	841	Sprains and strains of elbow and forearm
801	Fx of base of skull	842	Sprains and strains of wrist and hand
802	Fx of Face bones	843	Sprains and strains of hip and thigh
803	Other and unqualified skull fxs	844	Sprains and strains of knee and leg
804	Multiple fx involving skull or face with other bones	845	Sprains and strains of ankle and foot
805	Fx of vertebral column without mention of spinal cord injury	846	Sprains and strains of sacroiliac region
806	Fx of vertebral column with spinal cord injury	847	Sprains and strains of other and unspecified parts of back
807	Fx of rib(s), sternum, larynx, and trachea	848	Other and ill-defined sprains and strains
808	Fx of pelvis	849	Unspecified site of sprain and strain
809	Ill-defined fx of bones of truck	850	Concussion
810	Fx of clavicle	851	Cerebral laceration and contusion
811	Fx of scapula	852	Subarachnoid, subdural, and extradural hemorrhage following injury
812	Fx of humerus	853	Other and unspecified intracranial hemorrhage following injury
813	Fx of radius and ulna	854	Intracranial injury of other and unspecified nature
814	Fx of carpal bone(s)	860	Traumatic pneumothorax and hemorrhage
815	Fx of metacarpal bone(s)	861	Injury to heart and lung
816	Fx or one or more phalanges of hand	862	Injury to other and unspecified intrathoracic organs
817	Multiple fxs of hand bones	863	Injury to gastrointestinal tract
818	Ill-defined fx of upper limb	864	Injury to liver
819	Multiple fxs involving both upper limbs, and upper limb with rib(s) and sternum	865	Injury to spleen
820	<i>Fx of neck of femur (or hip fx) (optional)</i>	866	Injury to kidney
821	Fx of other and unspecified parts of femur	867	Injury to pelvic organs
822	Fx of patella	868	Injury to other intra-abdominal organs
823	Fx of tibia and fibula	869	Internal injury to unspecified or ill-defined organs
824	Fx of one or more tarsal and metatarsal bones	870	Open wound of ocular adnexa
825	Fx of calcaneus	871	Open wound of eyeball
826	Fx of one or more phalanges of foot	872	Open wound of ear
827	Other, multiple, and ill-defined fx of lower limb	873	Other open wound of head
828	Multiple fxs involving both lower limbs, lower with upper limb, and lower limb(s) with rib(s) and sternum	874	Open wound of neck
829	Fx of unspecified bones	875	Open wound of chest wall
830	Dislocation of jaw	876	Open wound of back
831	Dislocation of shoulder	877	Open wound of buttock
832	Dislocation of elbow	878	Open wound of genital organs (external) including traumatic amputation
833	Dislocation of wrist	879	Open wound of other and unspecified sites, except limbs
834	Dislocation of finger	880	Open wound of shoulder and upper arm
835	Dislocation of hip	881	Open wound of elbow, forearm, and wrist
836	Dislocation of knee	882	Open wound of hand except finger(s) alone
837	Dislocation of ankle	883	Open wound of finger(s)
838	Dislocation of foot	884	Multiple and unspecified open wound of upper limb
839	Other, multiple, and ill-defined dislocations	885	Traumatic amputation of thumb (complete) (partial)
840	Sprains and strains of shoulder and upper arm		

886 Traumatic amputation of other finger(s)
 (complete) (partial)
 887 Traumatic amputation of arm and hand
 (complete) (partial)
 890 Open wound of hip and thigh
 891 Open wound of knee, leg (except
 thigh), and ankle
 892 Open wound of foot except toe(s)
 alone
 893 Open wound of toe(s)
 894 Multiple and unspecified open wound
 of lower limb
 895 Traumatic amputation of toe(s)
 (complete) (partial)
 896 Traumatic amputation of foot
 (complete) (partial)
 897 Traumatic amputation of leg(s)
 (complete) (partial)
 900 Injury to blood vessels of head and
 neck
 901 Injury to blood vessels of thorax
 902 Injury to blood vessels of abdomen
 and pelvis
 903 Injury to blood vessels of upper
 extremity
 904 Injury to blood vessels of lower
 extremity and unspecified sites
 910 Superficial injury of face, neck, and
 scalp except eye
 911 Superficial injury of trunk
 912 Superficial injury of shoulder and
 upper arm
 913 Superficial injury of elbow, forearm,
 and wrist
 914 Superficial injury of hand(s) except
 finger(s) alone
 915 Superficial injury of fingers
 916 Superficial injury of hip, thigh, leg,
 and ankle
 917 Superficial injury of foot and toes(s)
 918 Superficial injury of eye and adnexa
 919 Superficial injury of other, multiple,
 and unspecified sites
 920 Contusion of face, scalp, and neck
 except eye(s)
 921 Contusion of eye and adnexa
 922 Contusion of trunk
 923 Contusion of upper limb
 924 Contusion of lower limb and of other
 and unspecified sites
 925 Crushing injury of face, scalp, and
 neck
 926 Crushing injury of trunk
 927 Crushing injury of upper limb
 928 Crushing injury of lower limb
 929 Crushing injury of multiple and
 unspecified sites

**For ICD9-CM 930-939, foreign bodies are
 required only if an injury results. In these
 cases, the resulting injury diagnosis should
 also be coded along with the foreign body
 diagnosis.**

930 Foreign body on external eye
 931 Foreign body in ear
 932 Foreign body in nose
 933 Foreign body in pharynx and larynx
 934 Foreign body in trachea, bronchus,
 and limb
 935 Foreign body in mouth, esophagus,
 and stomach
 936 Foreign body in intestine and colon
 937 Foreign body in anus and rectum
 938 Foreign body in digestive system,
 unspecified
 939 Foreign body in genitourinary tract
 940 Burn confined to eye and adnexa
 941 Burn of face, head, and neck
 942 Burn of trunk
 943 Burn of upper limb, except wrist and
 hand
 944 Burn of wrist(s) and hand(s)
 945 Burn of lower limb(s)
 946 Burns of multiple specified sites
 947 Burn of internal organs
 948 Burns classified according to extent of
 body surface involved
 949 Burn, unspecified
 950 Injury to optic nerve and pathways
 951 Injury to other cranial nerve(s)
 952 Spinal cord injury without evidence of
 spinal bone injury
 953 Injury to nerve roots and spinal plexus
 954 Injury to other nerve(s) of trunk,
 excluding shoulder and pelvic girdles
 955 Injury to peripheral nerve(s) of
 shoulder girdle and upper limb
 956 Injury to peripheral nerve(s) of pelvic
 girdle and lower limb
 957 Injury to other and unspecified nerves
 958 Certain early complications of trauma
 959 Injury, other early complications of
 trauma
 994.1 Drowning and nonfatal submersion
 994.7 Asphyxiation and strangulation
 994.8 Electrocution and nonfatal effects of
 electric current

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